

City of Loretto
 279 N. Medina Street, Suite 260
 P.O. Box 207
 Loretto, MN 55357
 Office: (763) 479-4305
 Fax: (763) 479-2685

RIGHT OF WAY PERMIT

APPLICANT INFORMATION

Applicant Name	Company, if applicable
Address	Phone Number
City, State, Zip	Email
Are you the owner of the property? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>(If not, property owner information is required.)</i>	

Owner Name	Company, if applicable
Address	Phone Number
City, State, Zip	Email

24-Hour Contact	
Name	Cell Phone

PROJECT INFORMATION

Site Address or Property Identification Number
(Street, property address or legal description. Include distance and direction from nearest street intersection.)

Project Description *(Check all that apply.)*

Type of Work	Type of Utility	Disturbed Area(s)	Type of Surface(s)	Type of Installation
<input type="checkbox"/> New	<input type="checkbox"/> Electric	<input type="checkbox"/> Street Surface	<input type="checkbox"/> Grass/Soil	<input type="checkbox"/> Cable
<input type="checkbox"/> Fix/Replace	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Pond/Wetland	<input type="checkbox"/> Gravel	<input type="checkbox"/> Pipe
<input type="checkbox"/> Extension	<input type="checkbox"/> Cable	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other (list)
<input type="checkbox"/> Other (list)	<input type="checkbox"/> Telephone	<input type="checkbox"/> Trees	<input type="checkbox"/> Asphalt	_____
_____	<input type="checkbox"/> Other (list)	<input type="checkbox"/> Curb & Gutter	<input type="checkbox"/> Other (list)	_____
_____	_____	<input type="checkbox"/> Boulevard	_____	_____
_____	_____	<input type="checkbox"/> Trail/Sidewalk	_____	_____
_____	_____	<input type="checkbox"/> Structures	_____	_____
		<input type="checkbox"/> Private Utilities	_____	_____
		<input type="checkbox"/> Public Utilities		

Method of Installation, Construction & Excavation	Excavation Dimensions
	<input type="checkbox"/> Depth _____
	<input type="checkbox"/> Hole size _____
	<input type="checkbox"/> Length _____

Expected start date	Expected completion date
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Traffic Impacts

Will work obstruct City street(s) and/or require detour of traffic? Yes. No.

Streets to be affected:

Proposed detour route(s):

Contact Public Works Director for approval of detour route(s) – (612) 221-4963.

MAPS, PLANS & DOCUMENTATION

Required documentation

- | | |
|---|---|
| <input checked="" type="checkbox"/> City-wide map identifying area. | <input checked="" type="checkbox"/> Impacted areas. |
| <input checked="" type="checkbox"/> Map of area depicting specific/detailed location. | <input checked="" type="checkbox"/> Erosion control. |
| | <input checked="" type="checkbox"/> Stock pile locations. |
| | <input checked="" type="checkbox"/> Other information as requested by the City. |

AGREEMENT

The work done under this permit shall be in strict conformity with the ordinances of the City of Loretto, and to the standards adopted by the State of Minnesota. The applicant shall hold harmless and defend the City of Loretto for any claim of loss or damage made against the City, its employees or representatives arising out of the activities of the applicant.

By signing this agreement the applicant agrees to pay all applicable fees, provide any required insurance, and abide by all other the terms and conditions contained herein.

It is expressly understood that this permit is conditioned upon replacement or restoration of all rights of ways, road surfaces or other disturbed public or private property to the original or better condition prior to work described above.

Applicant Signature
Date

Owner Signature
Date

AUTHORIZATION

Upon payment of, or agreement to pay, the permit fee and in consideration of the agreement to comply with all City Ordinances, Watershed District standards and State Statutes pertaining to said project, permission is hereby granted for the work to be done as described above. The applicant shall notify the City of any changes to the project. Additionally, said work is to be done in accordance with special precautions or conditions as hereby stated:

Approved By

Signature
Date

Final inspection by Public Works Department

Inspected By

Signature
Date

OFFICE USE ONLY

Fees Collected

- Right of Way Permit Fee
\$100

*Completed permit and applicable fees
required for each project.*

Received By

- Name: _____
 Signature: _____
 Date: _____
 Receipt: _____